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Bib Data Sheet

CONFIRMATION NO. 7772

SERIAL NUMBER 10/804,786	FILING DATE 03/19/2004  RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. 1180-con 3
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\*\* CONTINUING DATA \*\*\*\*\* *None PS*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None PS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 06/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Philip Argy</i>	Initials <i>PS</i>		

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## TITLE

Electroporation-mediated intravascular delivery

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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